MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04341

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

I. PLACE OF DEATH:

County Howard

City or town Laurel

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Howard

City or town New Laurel Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maud A. Bobbitt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Frank Bobbitt

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Mch 7th 1884

8. AGE:

Years	Months	Days	If less than one day
56.	1	12	hrs. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Floyd Edwards

13. Birthplace North Carolina

MOTHER 14. Maiden name Mary Billings

15. Birthplace North Carolina

16. Informant Frank Bobbitt

Address Laurel Md

17. Burial Date thereof April 21-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Zion

Location Highlands

18. Funeral director Floyd Kaiser

Address Laurel Md.

19. 4/20/40. 19 Frank Shipley

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940 at 5 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 15 1940 to April 19 1940, and that I last saw her alive on Apr. 16 1940

	DURATION
Immediate cause of death Myocarditis with Cardiac Failure	2-27-40
Due to Malignant Cancer Left Lung	1939
Due to Cancer Left Breast	1929
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operation Cancer Left Breast

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Warren MD

M. D. or other

Address Laurel Md Date signed 4-20-40

RECEIVED
MAY 6 1940
BUREAU V. S.

04342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:

County: Howard

City or town: Rural, Watersville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Life ~~24~~

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.D. Mt. Airy, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ~

3. (a) FULL NAME: Baby Cain

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 23, 1940

8. AGE: Years | Months | Days | If less than one day: 4 hrs. ____ min.

9. Birthplace: Howard Co. Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Emory Cain
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Anna Gordon
15. Birthplace: W. Va.

16. Informant: Mr. Sydnor Gordon
Address: Mt. Airy, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 24, 1940 (month) (day) (year)

Cemetery or crematory: Edge Hill

Location: Charlestown, W. Va.

18. Funeral director: C. M. Waltz
Address: Winfield, Md

19. April 23 1940 (Date rec'd by registrar) E. Pearl Mercier, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apl 23 1940 to Apl 23 1940 and that I last saw her alive on Apl 23 1940.

Immediate cause of death: Premature birth — DURATION: 4 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Ernest P. Roop, M.D.
M.D. or other

Address: New Market, Md Date signed: 4-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
VEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04343

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
County: Howard
City or town: Rockland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 72

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Rockland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah Ceva Hanson

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: William H. Hanson
6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Oct. 24, 1867

8. AGE: Years	Months	Days	If less than one day
72	5	20	hrs. min.

9. Birthplace: Rockland Howard Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Charles E. Grimes
13. Birthplace: Rockland Md.
MOTHER 14. Maiden name: Rovena Osler
15. Birthplace: Liberty Hgts. Ane. Balto. Co. Md.
16. Informant: William H. Hanson
Address: Rockland, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 16, 1940 (month) (day) (year)
Cemetery or crematory: Good Shepperd
Location: Rockland, Md.
18. Funeral director: Easton Sons
Address: Ellicott City, Md.
19. April 16, 1940 (Date rec'd by registrar) John B. Laughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 13 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible] to [illegible] 19[illegible], and that I last saw h[illegible] alive on [illegible] 19[illegible].

Immediate cause of death	DURATION
Mitral Regurgitation	
Myocarditis Chron	20 yrs
Due to	
Due to	
Other conditions Hypertension Pneumonia	2 days

(Include pregnancy within 3 months of death)
Major findings:
DI operations:
Df autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Fan L O Miller M.D.
M. D. or other
Address: Ellicott City Md. Date signed 4/16/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1920
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

014344

Reg. Dist. No. 198

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Florence
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) abut 60 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Florence County Howard
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Nimrode T. Harrison

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed.

6 (b) Name of husband or wife Virginia Harrison
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) oct. 7. 1868

8. AGE: Years	Months	Days	If less than one day
71	6	1	hrs. min.

9. Birthplace Howard Co. md.
(Town, county, and state)
10. Usual occupation labor
11. Industry or business

FATHER
12. Name Nimrod Harrison
13. Birthplace Frederick Co. md.

MOTHER
14. Maiden name Harriet Tyson
15. Birthplace unknown

16. Informant Harriet Chrobot
Address woodbine md

17. Burial Date thereof April 10, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Jennings Chapel Cem.
Location Florence Howard Co.
18. Funeral director H. M. Snyder
Address Mt. Airy

19. April 9 1940 C. Pearl Mercer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 8 1940, at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-8 1940, to 4-8 1940, and that I last saw him alive on no date 19

Immediate cause of death	DURATION
Coronary Thrombosis	5 hours
Due to Arteriosclerotic heart disease	1 year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George E. Burglof M.D.
M. D. or other
Address Ellicott City, md. Date signed 4-8-40

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

04345

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Merryman St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Merryman St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Horshaw.
3. (b) Social Security Number None.

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Elizabeth Bauer Horshaw
6(c) If alive, give age 5 years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years About 58 Months — Days — If less than one day hrs. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual occupation Labor.
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace
MOTHER 14. Maiden name Unknown.
15. Birthplace
16. Informant Maud Brown
Address Ellicott City
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 29, 1940 (month) (day) (year)
Cemetery or crematory Mt Gilboa Mem
Location Ellen Balto Co Md.
18. Funeral director Easton Sons
Address Ellicott City
19. April 29 19 (Date rec'd by registrar) John B. Longman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 26 1940, at 4 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Tabes Dorsalis	2 yrs
Due to Syphilis	(?)
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Ellicott City Md Date signed 4/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04345

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Howard.
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Baby Boy Jones.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace Ellicott City Md
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Allie Jones
13. Birthplace Md.

MOTHER
14. Maiden name Dorothy Washington
15. Birthplace Md.

16. Informant Allie Jones
Address Ellicott City Md

17. Burial Date thereof 4-10-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Pine Orchard
Location Ellicott City Md (Rural)

18. Funeral director H. C. Hug undertaker Jr
Address Ellicott City Md.

19. April 10, 1940 John B. Laughman.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1940, to April 10 1940, and that I last saw h alive on April 10 1940.

Immediate cause of death Still Birth — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. E. Mitchell M. D. or other
Address Ellicott City Md Date signed

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04347

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Woodstock
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If non-resident give residence of mother)
State Maryland County Howard
City or town Woodstock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Chester Mattoon

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Isabella Cox Mattoon
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) July 22, 1871

8. AGE:

Years	Months	Days	If less than one day
68	8	25	hrs. min.

9. Birthplace Cincinnati Ohio.
(Town, county, and state)
10. Usual occupation Mechanical Draftsman
11. Industry or business
12. Name of father John Chester Mattoon
13. Birthplace Ohio.
14. Maiden name of mother Sarah Pendery
15. Birthplace Ohio.
18. Informant Mrs. J. C. Mattoon
Address Woodstock Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 18, 1940 (month) (day) (year)
Cemetery or crematory Grants Presbyterian Church Cemetery
Location Granite Md.
18. Funeral director Easton Sons
Address Ellicott City
19. April 18, 1940 (Date rec'd by registrar) John B. Langhans Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940 at 8:40 A M
I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1937 to Apr. 16 1940
and that I last saw him alive on Apr. 16 1940

Immediate cause of death Carcinoma of bladder — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm. E. Mattoon M. D. or other
Address Randallstown, Md Date signed 4/17/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04348

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard.
City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infants give residence of mother)
State Maryland County Howard.
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Edward A. Rodey

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, Married, Widowed, or divorced: Widowed
6 (b) Name of husband or wife: Emily C. Rodey
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Aug 10, 1866
8. AGE: Years 73 | Months 8 | Days 4 | If less than one day ____ hrs. ____ min.
9. Birthplace: Catonsville Balto Co Md.
(Town, county, and state)
10. Usual occupation: Merchant.
11. Industry or business: Retired
FATHER 12. Name: Martin L. Rodey
13. Birthplace: Germany
MOTHER 14. Maiden name: Catherine A Reckmann
15. Birthplace: Germany
16. Informant: Mrs. Elizabeth Pierman
Address: Ellicott City
17. Burial (Burial, cremation, or removal. Where?) Date thereof (month) (day) (year): Burial Apr. 17, 1940
Cemetery or crematory: St. Johns Cem.
Location: Ellicott City Md.
18. Funeral director: Easton Sons
Address: Ellicott City
19. (Date rec'd by registrar) April 16, 1940 John B. Loughman. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-14 1940, to 4-14 1940, and that I last saw him alive on no date 19 ____.

Immediate cause of death	DURATION
Coronary Thrombosis	instant
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE George E. Burgtorf M.D.
Deputy Medical Examiner M.D. or other Howard Co
Address Ellicott City Md. Date signed 4-15-40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04349

Reg. Dist. No. 191

1. PLACE OF DEATH:
County: Howard
City or town: Ivory
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Home
Stay in hospital or insl. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Howard
City or town: Ivory Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: River Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John. T. Thorne

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	colored	widowed

6 (b) Name of husband or wife: Mary E. Thorne
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 29, 1870

8. AGE:

Years	Months	Days	If less than one day
69	9	—	hrs. min.

9. Birthplace: Howard Co Maryland
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farm

FATHER
12. Name: John Thorne
13. Birthplace: Maryland

MOTHER
14. Maiden name: Martha Tasker
15. Birthplace: Maryland.

16. Informant: Mrs Edith Williams
Address: Glenelg md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 2, 1940 (month) (day) (year)
Cemetery or crematory: Browns Chapel Cem.
Location: Dayton Md.

18. Funeral director: Easton Sons
Address: Ellicott City

19. May 2, 1940 (Date rec'd by registrar) John B. Lingham Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 1 1940, to April 29 1940, and that I last saw him alive on April 23 1940.

	CURATION
Immediate cause of death: Dilatation of the heart	3 hours
Due to: Arteriosclerosis	20 years
Due to: Chronic Myocarditis	10 years
Other conditions: Decompensations	8 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Robert Sands M.D.
M. D. or other
Address: Clarksville Md Date signed 4-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-C)

04350

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH:

County: Howard

City or town: West Friendship
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: West Friendship Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura Warfield

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thos O Warfield

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 9, 1849

8. AGE: Years: 90 Months: 11 Days: 21 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: At home

11. Industry or business: —

FATHER
12. Name: Stephen B Dorsey
13. Birthplace: Md

MOTHER
14. Maiden name: Sally Owings
15. Birthplace: Md

16. Informant: Mrs Alice W Hebb
Address: West Friendship

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 2, 1940 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Glenwood, Md

18. Funeral director: F.C. Higinbothom Jr
Address: Ellicott City Md

19. 5-1-40 (Date rec'd by registrar) 19 Alice Hebb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30 19 40, at 12 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1st 1940, to April 30 1940, and that I last saw h w alive on April 30 1940.

Immediate cause of death: Senile Dementia

Due to: Age, Cerebral Softening

Due to: Hypostatic Pneumonia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION: 72 / 2 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Frank O. Miller M.D.
M. D. or other

Address: Ellicott City Md Date signed: 4-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

04351

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County: Howard

City or town: Ellicott City, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Ellicott City, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Louis Yellmer

3. (b) Social Security Number: 215-10-5502

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katie Ann Yellmer

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): July 1, 1879

8. AGE: Years: 60 Months: 9 Days: 1 If less than one day: hrs. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Foreman of men who fill grain elevators

11. Industry or business: Doughnut Corp.

FATHER
12. Name: Charles R. Yellmer
13. Birthplace: Germany

MOTHER
14. Maiden name: Josephine
15. Birthplace: Germany

16. Informant: Mrs Katie A. Yellmer,
Address: Ellicott City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 5, 1940 (month) (day) (year)

Cemetery or crematory: St. Johns Luth Ch Cem

Location: Pfeiffers Corner

18. Funeral director: Easton Sons,
Address: Ellicott City Md

19. April 5, 1940 (Date rec'd by registrar) John B. Tingman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 2, 1940, at 10:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1940, to April 2 1940 and that I last saw h 1m alive on April 2 1940

Immediate cause of death: Arteriosclerotic Heart Disease

DURATION: 2 years

Due to

Due to

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George E. Burgtorf MD
M. D. or other

Address: Ellicott City Date signed: 4-4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1902
BUREAU U. S.